

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

WORKSITE AUDIT

Date: _____ Time: _____ AM/PM Auditor Name: _____

Division: One Department: _____ County: _____

Worksite Location: _____

In-Travel Lane? _____ Posted Speed Limit: _____

Operation Being Audited: _____

	Rating			Observations/Corrective Actions	Abatement Date
Category	S	U	N/A	S=Satisfactory, U=Unsatisfactory, N/A=Not Applicable	If corrective actions needed
Safety Equipment				RATING	
Hard Hat					
Vest					
Shoes					
Hearing Protection					
Eye/Face Protection					
Foot Protection					
Gloves					
Chain Saw Chaps					
Other					
Traffic Control					
Signs					
Work Zone Length					
Flaggers					
Taper					
Cones, Drums					
Arrow Boards					
Attenuator					
Sight Distance					
Other					
Worksite					
Utilities Located/Guarded					
Excavation					
Confined Space					
Housekeeping					
Lockout/Tagout					
Fire Protection					
Hazardous Materials					
Electrical Hazards (GFCI)					
Other					

	Rating			Observations/Corrective Actions	Abatement Date
Category	S	U	N/A	S=Satisfactory, U=Unsatisfactory, N/A=Not Applicable	If corrective actions needed
Tools					RATING
In Safe Condition					
Used Correctly					
Right for Job					
Other					
Equipment					
Back-up Alarms					
Spotter for Backing					
Strobes/Warning Lights					
Seat Belt Use					
Pinch Points					
Other					
People					
Positioning					
Lifting Techniques					
Respiratory Hazards					
Skin Irritants					
Other					
Miscellaneous					
SOP'S Followed					
Attitude					
Supervisor					
Other					
Tailgate Safety Meeting					

[illegible]